CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1932

BY

IAN MACKAY,

M.B., Ch.B., D.P.H.

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MEDICAL INSPECTION.

STAFF.

School Medical Officer:
Ian Campbell Mackay, M.B.,Ch.B., D.P.H.

District School Medical Officers:
W. J. McIvor, B.A., M.B., Ch.B., D.P.H.
Mary A. Thomas, M.B., Ch.B., D.P.H.
R. J. Clark, M.B., Ch.B., D.P.H.
Moya MacAfee, M.B., Ch.B., D.P.H.
Gladys Wilkinson, M.R.C.S., L.R.C.P.

Ophthalmic Surgeons:
W. Dunlop Hamilton, M.B., B.Ch., D.O.M.S.
Cyril Jacobs, M.D., M.B., B.S.

School Dental Surgeons:
H. R. Parry, L.D.S. (Senior).
S. O. Stewart, L.D.S.
L. N. Alley, L.D.S.
A. F. Hely, L.D.S.
F. L. Jones, L.D.S.
F. Jones, L.D.S.
E. S. Poulter, L.D.S.
N. A. James, L.D.S.

Health Visitors: 39.

Dental Nurses: 8.

Superintendent Clerk:
Vincent O'Connor.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

INTRODUCTION.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the School Medical Service for the year 1932.

This year again shows a considerable increase in individual examinations, the most marked being in special cases and re-examinations.

The number of the re-examinations made is an indication of the efficiency of the service showing that cases found to require treatment at Routine Medical Inspection are followed up with a view to ascertaining whether adequate treatment has been obtained.

The Dental Service which was reorganised in 1931 is showing excellent results, and I would draw particular attention to the table on page 15, dealing with this section of the work, which shows how the service has developed since its inception in 1920.

The question of vaccination is one which gives cause for a certain amount of anxiety when it is realised that under 50% of the children are vaccinated.

A noteworthy addition to the service last year was the provision of a limited number of beds for Rheumatic Heart cases.

I would again place on record my appreciation of the Committee's consideration and assistance in the advancement of the service, also the help I have received from the Director of Education and his staff.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,
Yours obediently,
IAN MACKAY.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
CHIEF SCHOOL MEDICAL OFFICER
FOR 1932.

The Administrative County of Chester comprises 45 Sanitary Districts of which 33 are Urban and 12 are Rural.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs situated within the County, *i.e.*,

Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The total number of Schools in the whole educational area with their enrolments are as follows:—

	Schools.	Enrolments.
Elementary	341	59276
Secondary	19	6165

There are no special schools under the Committee.

New Schools (Elementary).

The following Schools have been opened during the year:

Altrincham Oldfield Brow Council.
Ellesmere Port John St. New Council Senior.
Kingsley and Newton Council.
Cheadle Hulme Queen's Rd. Council.

Schools Closed.

Ellesmere Port John St. Temporary.
Kingsley and Newton Temporary Council.
Hatton Council Infants.

Co-ordination.

As stated in previous reports the co-ordination between the various medical services of the County is well maintained. The services chiefly concerned are the Maternity and Child

Welfare, Tuberculosis and School services. When a child is transferred from the Maternity and Child Welfare Committee at the age of five to the Education Committee, a complete record of the child's health is transferred with it and attached to the school medical inspection card for further reference if necessary. The closest co-operation too is maintained between the School Medical Officers and the District Tuberculosis Officers, all cases of Tuberculosis found in the Schools being referred to the Dispensaries for observation by the Tuberculosis Officers, institutional treatment being provided where necessary. The Health Visitors also act as School Nurses.

School Hygiene.

The Assistant School Medical Officers in the course of their routine medical inspection make a comprehensive survey of the premises and any defects are noted and referred to the Director of Education.

Medical Inspection.

The age groups examined during the year were those as laid down by the Board of Education and are as follows:—

1. Entrants.
2. Intermediates, *i.e.*, Children between the ages of eight and nine years.
3. Leavers, *i.e.*, Children between the ages of twelve and fourteen years.
4. Specials. Children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-Examinations.

The following figures show the gross numbers of children inspected during the year as compared with the three preceding years:—

	Entrants	Intermediates	Leavers	Other Routine Inspections	Specials	Re-exams.	Total
1929	6533	6261	4362	577	6568	2992	27313
1930	6781	6280	4755	1281	6690	3742	29529
1931	6957	6907	6150	—	7105	4255	31374
1932	6674	5864	7363	—	9614	5000	34515

It will be noted that the number of re-examinations of children found to have defects in the course of a Routine Examination again shows a considerable increase on previous years.

After each school inspection a list of all children suffering from defects requiring treatment is sent in to the Central Office. This information is passed on to the Health Visitor of the Area who follows up each individual case and reports whether treatment has been carried out or not and extent of treatment if any. Where the Health Visitor is unable to persuade parents to obtain treatment for serious defects the matter is passed on to the N.S.P.C.C. This latter course I am pleased to say it has been found seldom necessary to adopt.

Co-operation of Parents.

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

I am pleased to say that in this County the great majority of parents avail themselves of this excellent opportunity of discussing the child's welfare.

During the year 11,600 parents attended Routine Medical Inspection.

Co-operation of Teachers.

The School Medical Service owes much to the loyal co-operation of the Teaching Staff, who willingly give their help in preparing for medical inspection, also in bringing before the medical staff special cases that have come under their notice, and matters which might be detrimental to the health of the children.

Findings of Medical Inspection and Medical Treatment.

Uncleanliness.

In the course of the year the Health Visitors made 177,976 inspections and re-inspections for this condition—visiting each school on the average six times. The number found to be unclean was 3227 or 1.8%. The figure is a marked improvement on previous years, more intensive work having been carried out by the Health Visitors; the number of examinations having increased by 26,890.

Vaccination.

During the year a census of the number of children found to be vaccinated at routine medical inspection was taken and it was found that 13,020 or considerably under 50% were vaccinated.

This only goes to show the inadequacy and ineffectiveness of our present vaccination laws. A considerable amount of discussion has taken place recently in regard to vaccination and the tendency appears to lean towards a voluntary system.

Whatever action is taken it will mean further legislation, and, to my mind, if any action is to be taken at all, it should be in the other direction. In other words, the conscientious clause should be deleted, and not only vaccination, but re-vaccination at stated intervals made compulsory as is the custom in most Continental Countries.

Minor Ailments.

The following Clinics are provided for the Treatment of Minor Ailments:—

Town	Address	When held	Doctor
Altrincham	1, Hawthorne Road, Sale	Monday, Wednesday and Friday mornings	Dr. MacAfee
Barnton	Barnton C.E. School, Northwich	Thursday mornings	
Ellesmere Port	School Clinic, York Road, Ellesmere Port	Each morning	Dr. Thomas
Hoole	55, Hoole Road, Chester	,, ,,	,,
Hoylake	8, Market Street, Hoylake	,, ,,	,,
Lymm	Child Welfare Centre, Booth's Hill, Lymm	,, ,,	Dr. MacAfee
Middlewich	The Priory, Middlewich	,, ,,	Dr. Wilkinson
Nantwich	The Dowery, Nantwich	,, ,,	Dr. McIvor
Northwich	Parkfield, Middlewich Road, Northwich	,, ,,	Dr. Clark
Runcorn	29, High Street, Runcorn	,, ,,	Dr. Clark
Sale	70, Chapel Road, Sale	,, ,,	Dr. MacAfee
Winsford	The Parsonage, Weaver Street, Winsford	Monday, Wednesday and Friday mornings	Dr. Wilkinson

During the year 6,997 ailments were treated, of those 6478 were treated under the Authority's scheme and 519 otherwise. This shows a decrease of 975 Minor Ailments treated in 1932.

Malnutrition.

The number of children it was found necessary to refer for treatment for this condition in the course of routine medical inspection was only 203.

Dr. Wilkinson on reporting upon the physique of School Children has elicited the following facts which are worthy of further investigation. She states:—

> "In connection with the physique of the children I have noticed a definite relation between the chest expansion and brain power.
>
> With the assistance of one or two of the Headmistresses the chest expansion of 130 children—ordinary routine examinations—was measured and their brain power, as measured by school work and school examinations results, noted. In a few cases the intelligence quotient was ascertained.

A table of the results is appended.

Age 11—14.

No. exd.	Expn.	Remarks.
2	1"	M.D. L.Q.
4	1½"	M.D. below 70
10	2"	Dull at work
13	2½"	Average workers
15	3"	
10	3½"	Very good at work (with one exception).
5	4"	Very good at work
1	4½"	Very bright girl, always top of class.
0	5"	—
60		

Age 14 upwards.

No. exd.	Expn.	Remarks.
0	1"	
0	1½"	
2	2"	1. Very dull—leaving Sec:. School at 14. 2. Very dull at work—Games Captain.
0	2½"	—
11	3	Average workers.
15	3"	
10	4"	Very good work.
10	4½"	Extremely good workers—all going to College.
2	5"	Both brilliant girls, 1 Honours in all subjects in Higher Certificate Exam. 17 years.
50		

Special Cases.

A.	I.Q.=60.	Expansion	= 1″
B.	Games Captain, very good at swimming etc.—dislikes school work and low in class.	,,	= 2″
C.	Tall thin anaemic girl, dislikes games–brilliant at work.	,,	= 4½″
D.	Brilliant all round girl, well developed, good at games and work.	,,	= 5″
	Twins, aged 11 years. Same upbringing, same feeding, etc.		
E.	Very thin, anaemic. Likes games and is good at them. Not good at school work.	,,	= 2½″
F.	Much better developed—dislikes games —bright at school work.	,,	= 3″

With only one or two exceptions there appeared to be a direct relationship—a small chest expansion corresponded to poor work, and a good expansion to good work.

The physique of the children seemed to have little effect on the chest expansion.

It remains to be seen whether if by deep breathing exercises and increase of the chest expansion one can also increase the brain power.”

Tonsils and Adenoids.

The number of children found, at routine medical inspection, to require treatment for enlarged tonsils and adenoids was 1,165, as compared with 1,596 in 1931. The number receiving operative treatment was 986, as compared with 1526 last year—a decrease of 540.

On reporting upon this condition last year, I pointed out that the figure representing the number of operations had increased steadily since the commencement of the scheme. I also stated that I was definitely of the opinion that many children were unnecessarily referred for operations, and that if the procedure suggested on page 9 of the Report was adopted, I was confident that the numbers referred for treatment would be considerably reduced. It is interesting to note that the number operated on for this condition is 540 less than last year, this being a considerable saving.

Sir George Newman, in his report on the Health of the School Child, states that the great frequency of operation for these conditions is causing the Board of Education some anxiety. It is also pointed out that the disadvantages of unnecessary removal are not inconsiderable. They include not only some immediate risks inevitable with an operation in such a situation, but also the possibility of some subsequent diminution of resistance to infection, whereas an increased resistance was aimed at.

As a result of instructions given to the Assistant School Medical Officers, one Officer reports that all cases where the teeth were defective were referred for dental treatment first, and in a number of these cases the tonsils atrophied, an operative intervention was not required. When the scheme was first commenced it was with the greatest difficulty that parents could could be persuaded to accept for the operation. This prejudice having been broken down the swing of the pendulum has gone in the other direction, and it is often difficult to persuade the parent that an operation is not necessary. This fact is brought out by Dr. McIvor, who, in reporting on this subject states that,

> "the problem of dealing with the tendency in recent years for operations on the nose and throat to increase to an unprecedented extent, has reached a somewhat acute stage.
>
> This may be illustrated by the query of a new-comer to a Secondary School, who, before his Medical inspection, feeling himself to be an exceptional case, desired to be informed if everybody should have their tonsils removed.
>
> However non-controversial the question of where or when not to operate may be in therory, in practice it presents a more difficult aspect.
>
> One stumbling block is the general public's belief that a simple enlargement of the tonsils is a pathological condition in itself.
>
> It cannot be too strongly insisted that in the absence of indications of either infection, local or general, or of respiratory obstruction, many such cases are best left to run their course by natural processes.
>
> The result with the reservations named will often be for the gradual and uneventful atrophy or even disappearance of the tonsils."

Tuberculosis.

All cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are immediately referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

The following Table will show at a glance the incidence of the various types met with:—

Pulmonary—	
Definite ..	3
Suspected ..	16
Non-Pulmonary—	
Glands ..	14
Spine ..	—
Hip ..	—
Other Bones & Joints—	
Skin ..	1
Other Forms	19

INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN

Pulmonary Cases.

	Males	Females	Total
Children in Sanatoria 1st January, 1932	13	5	18
Admissions during 1932—			
Definitely Tuberculosis cases ..	9	12	21
Observation cases	—	—	—
Discharged during 1932—			
Definitely Tuberculosis cases ..	11	10	21
Observation cases	—	—	—
Children in Sanatoria 31st December, 1932	11	7	18

Condition of Patients on discharge:—

Definitely Tuberculosis cases.

	Pulmonary						
	Class T.B. Minus	Group I.	Group II.	Group III.	Abdominal	Other Organs	Bones and Joint
Quiescent	12	—	—	—	8	10	9
Not quiescent	6	—	1	—	33	36	19
Died in the Institution	—	—	—	2	3	2	2
Total ..	18	—	1	2	44	48	30

Observation cases:—	Non-Pulmonary
Definitely Tuberculosis	1
Non-Tuberculosis	3
Doubtfully Tuberculosis	3

NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN
AGES 5 TO 15.

The following Table shows the notifications on Forms A and B of School Children, aged 5 to 15, for the years 1920—1932:—

Year	Form A					Form B					Total notifications Ages 5 to 15.
	Pulmonary		Non-Pulmonary		Total Form A	Pulmonary		Non-Pulmonary		Total Form B	
	M.	F.	M.	F.		M.	F.	M.	F.		
1920	25	44	39	33	141	8	8	2	1	19	160
1921	23	53	55	50	181	3	2	—	3	8	189
1922	21	28	57	46	152	—	—	3	1	4	156
1923	19	22	69	49	159	—	—	—	1	1	160
1924	21	29	75	64	189	1	—	5	4	10	199
1925	12	15	77	57	161	—	—	3	—	3	164
1926	15	25	60	59	159	—	—	1	1	2	161
1927	19	19	73	51	162	—	—	1	5	6	168
1928	17	16	66	49	148	1	—	3	1	5	153
1929	18	21	65	54	158	—	—	1	1	2	160
1930	9	19	69	48	145	1	1	1	—	3	148
1931	14	12	60	54	140	Not now applicable.					
1932	13	19	59	49	140	,,		,,	,,		

Infectious Skin Diseases.

The incidence of minor infectious skin conditions still remains much higher than it should be and I would again stress the necessity of early treatment in such cases to avoid spread of infection. Too little importance is attached to minor infections of this sort and unfortunately accounts for many exclusions from school which could quite well be avoided if children so affected were advised to seek early treatment.

During the year 3,328 cases were referred for treatment, of which 1,957 were cases of Impetigo.

Ringworm of the Scalp.

There is a slight decrease in the number of cases reported this year, there being 96 referred for treatment as compared with 132 last year. The only satisfactory treatment of this condition is by X-Rays, any other method of treatment being a long and tedious process often necessitating long absences from school, and as often occurs where X-Rays are not employed immediately, other members of the family become infected.

X-Ray treatment is now available to those who desire to accept it at Manchester Skin Hospital.

During the year 8 cases were treated under the County scheme.

Ringworm of the Body.

This condition is much more amenable to treatment and does not seriously interfere with a child's attendance at school. This year 153 cases were reported, 149 being treated under the Authority's Scheme and 1 otherwise.

Scabies.

The incidence of Scabies again shows a slight decrease this year, 79 cases being reported as against 125 last year. Of these 59 were treated under the Authority's Scheme and 20 otherwise.

External Eye Diseases.

During the year 564 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 311 being cases of Blepharitis, all with the exception of one were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses and during the year 696 cases were treated at the various Clinics.

Vision.

Defective vision still continues to be one of the principal defects found in the course of medical inspection, 3475 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number 811 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to Table IV. (Group II.).

The following is a short summary:—

Number examined	3896
Glasses prescribed	2254
No treatment required	1477
External eye disease	550

Children examined were those selected by the Assistant School Medical Officers, cases which Head Teachers and Parents asked to be examined and children who had had glasses prescribed for them in previous years. Examinations are carried out in individual schools and at the school clinics.

Dental Scheme.

Mr. R. Parry (Senior Dental Surgeon) reports that the School Dental work for 1932 is very satisfactory. Under the new organisation all the schools in the County have been visited by a School Dental Surgeon during the year, all children of the age of 5 to 10 years inclusive and those over the age of 10 years who have accepted treatment in the past, have had the opportunity of having their mouths and teeth inspected and if required, treated. All the school children in the County cannot be supervised as the Dental Staff is not sufficient. All children, therefore, over the age of 10 who have never accepted treatment in the past 6 or more years of their school life, are not supervised by a school Dentist.

The amount of work completed by the Dentists in 1932 compares very favourably with that of previous years, as can be seen by the Tables on page 16. The number of children inspected and treated and the number of extractions and fillings is greater in every case.

The percentage of children accepting treatment has fallen from 63% in 1931 to 60% in 1932, but this is accounted for by the fact that certain schools have been visited this year for the first time and it takes two or three years to educate the parents and children on the advisability of accepting dental treatment. Also under the present scheme, by which all the schools in the County are visited yearly, 40,000 school children are inspected in the year, which means that each Dentist has roughly 5,000 children to supervise, and this leaves him very little time in which to educate the parents and children in accepting treatment.

Mr. A. F. Hely reports on the regulating of teeth and gives an example with photographs of a trial case. This, although a very important department in School Dentistry, cannot be attempted by your Committee until clinics are installed in all areas of the County, and in such a way that all school children can be within a reasonable distance of any one particular clinic. Otherwise the expense entailed by dentists having to travel to the different villages all over their area once every week or fortnight makes the cost prohibitive.

All the dentists on the staff speak very highly of the way in which they are received by the Head Teachers and of the valuable help they always receive from them.

SUMMARY OF DENTAL REPORTS FOR 1920—1932.

Year	Number of Dentists	Number Inspected	Number Selected	Percentage Selected	Number Treated	Percentage Treated	Number of Fillings	Number of Extractions
1920	1	2894	2696	93%	845	31%	876	2150
1921	1	3929	3495	83%	1939	55%	752	5460
1922	1	6603	5284	80%	4444	84%	247	8860
1923	1	2480	2205	88%	1145	51%	1198	3126
1924	1 for 12 months and 2 for 6 months	4985	4338	87%	2337	53%	2932	6919
1925	3 for 12 months 1 for 3 months	9520	7894	82%	4021	50%	4578	8935
1926	4	12356	8857	71%	4749	53%	4068	11242
1927	5	17484	12917	73%	6599	51%	5583	15067
1928	5	23823	15825	66%	9184	58%	5531	20768
1929	6	30984	19574	63%	11054	56%	7095	25734
1930	7	30914	22002	71%	13169	59%	7885	30279
1931	7 for 12 months 1 for 2 months	36217	25639	72%	16193	63%	11535	33834
1932	8 Dentists ⅞ of time devoted to School work	40138	32154	73%	19108	60%	13656	45314

Report on Treatment of Irregularities by Mr. A. F. Hely:—

Irregularities of teeth in the mouths of children are frequently observed during the course of a year's inspections. It would be impossible to correct some of the complicated cases met with owing to the fact that much time and expense would be necessary to treat the cases and buy the required appliances. Mouths showing marked irregularities which detract considerably from the appearance of the child are fortunately not common, and judicious extraction often allows space enough for nature to remedy the disfigurement caused by misplaced teeth.

The keystones to normal eruption of teeth in the permanent or second dentition are the four molar teeth which erupt at six years. These are usually the first teeth of the permanent dentition to erupt, and the remaining teeth develop into the arches of the upper and lower jaws in front and behind these teeth. These six year old molars erupt one on each side of the mouth, upper and lower, behind the molars of the first or temporary dentition and Nature extends the bone in the upper and lower jaws backwards, to accommodate them. If, as frequently occurs, the temporary molars become decayed and abcessed and have to be prematurely removed, then the permanent molar tends to move forward into the space previously occupied by the temporary molar. This is one of the most frequent causes of malformed jaws as when the time comes for the other teeth to erupt their space in the arch has been previously filled.

Temporary teeth may be kept in the mouth too long after their normal function has been completed. This is another common cause of irregularities as the permanent tooth developing under a temporary one finds its place in the arch filled and consequently erupts in another and false position.

Habits such as finger sucking, dummy sucking and mouth breathing tend to raise the height of the palate and narrow the width of the arch. This again leaves less room for the second teeth to erupt normally and results in overcrowding of the jaws.

Hereditary conditions of the substances composing teeth are not as a rule handed down to future generations, but frequently one meets with cases in which the large teeth of a parent have been reproduced in a child whose face and jaws are too small to accommodate them.

Many of the irregular conditions seen respond in a very satisfactory manner to extraction, the space obtained by this means being sufficient to allow the normal, muscular pressure of tongue, lips and cheeks to force irregular teeth back into their places in the arches of the jaws, or to allow teeth which would erupt in a wrong position, to occupy their correct place. A poorly functioning mouth or an unsightly appearance is very often corrected in this manner.

The mouth shown in the accompanying photographs unfortunately would not respond to extraction alone. In this case the temporary incisor on the right side of the upper jaw, had been retained too long, and consequently the permanent incisor developing above it had been deflected backwards. The temporary tooth was removed, but its successor had grown so far out of its normal position that when the jaws were closed it was behind the lower front teeth instead of being in front. The muscular pressure of the tongue could do little to remedy this condition, because the wedge action of the lower teeth each time the jaw closed prevented it. A small vulcanite plate was made with an inclined plane on the front of it where the deflected tooth closed on it. This plate fitted like a cap over the lower teeth and was worn continuously by the child, who only removed it for cleansing purposes. Each time the mouth was closed the tooth edge struck against the sliding plane and the tooth was thrown forward towards its correct position. In about six weeks the desired effect was obtained and the plate discarded. The child in this case was a girl and the improvement in her appearance very marked.

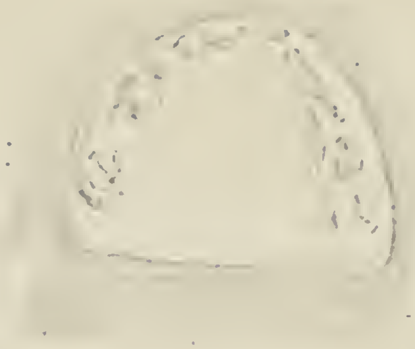
Orthopædic Scheme.

Your Committee's Scheme for the Treatment of Orthopædic cases was set out fully on page 17 of my report for 1931. There have been no additional clinics or any extension of the service during the year.

It was pointed out in the report for 1930 that before the scheme could be a completely comprehensive one it would be necessary to establish another clinic at Congleton, which could be conveniently served by the Hartshill Orthopædic Hospital.

Your Committee have passed a resolution that a clinic should be established at Congleton but are now waiting for the matter to be considered by the other Committees who are also concerned in the Orthopædic treatment of their cases.

The Orthopaedic Clinics already established in the Administrative County, together with the attendances, days and times of opening are set out in the following Table.



BEFORE TREATMENT.
Note the irregular front teeth in upper jaw.

AFTER TREATMENT.
Teeth quite normal.

TABLE I.

Place.	Day.	Time.	Surgeon.	Surgeon Attends.	Attendances.
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	Once every two or three months	86
General Hospital, Altrincham	Fridays	2 p.m. to 4 p.m.	Mr. Poston	Once monthly	193
15, St. John Street, Chester	Fridays	10 a.m. to 12 30 p.m.	As arranged by Committee of Shropshire Orthopaedic Hospital		443
Old Railway Hotel, Crewe	Tuesdays	10 a.m. to 12 30 p.m.			500
Welfare Centre, Ellesmere Port	Monday	2 30 to 4 30 p.m.	Dr. Martin	Fourth Monday each month	749
Welfare Centre, 8, Market Street, Hoylake	Fridays	2 30 to 4 30 p.m.	Dr. Martin	Third Friday each month	337
Orthopaedic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	10 a.m. to 5 30 p.m. 10 a.m. to 12 30 p.m. 10 a.m. to 5 30 p.m.	Mr. Poston	Third Monday each month	42
Welfare Centre, Recreation Ground, New Ferry	Monday	2 30 to 4 30 p.m.	Dr. Martin	Second Monday each month	814
Welfare Centre, 29, High Street, Runcorn	Friday	11 a.m. to 1 p.m.	Dr. Martin	First Friday each month	869
Welfare Centre, Methodist Sunday School, Stockton Heath	Friday	2 30 to 4 30 p.m.	Dr. Martin	First Friday each month	272
				Total ..	4305

TABLE II.

TABLE SHOWING NUMBER AND TYPE OF CASES AFFORDED INSTITUTIONAL TREATMENT UNDER THE PROVISIONS OF THE COUNTY EDUCATION ORTHOPÆDIC SCHEME DURING THE YEAR 1932.

Institution.	Number of Cases.		Osteomyelitis	Poliomyelitis	Erb's Palsy	Congenital Club Foot	Old Fracture L. Arm	Scoliosis	Arthritis Hip Joint	Spastic hemiplegia	Popliteal Bursa	Dislocated Hip	Pes Arcuatus	Knock Knee	Contracture of Finger	Tumour of Heel	Acquired Deformity	Spastic Diplegia	Flat Feet	Congenital Dislocation of Hip	Hypertrophic Muscular Atrophy	Chorea	Average length of Stay.		Average number of Attendances.
	Boys	Girls																					Wks.	Dys.	
Shropshire Orthodaedic Hospital Oswestry	8	6	1	3	2	2	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	7	6	
Leasowe Hospital for Children	12	16	1	8	..	..	..	..	1	..	4	1	1	4	1	1	1	2	2	1	..	..	11	3	
North Staffordshire Orthopaedic Hospital, Hartshill	2	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	..	
Ancoats Hospital, Manchester	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	
	22	23	2	12	2	3	2	2	2	2	4	1	1	4	1	1	1	2	2	1	..	..			
Sunlight Treatment—																									
Mid-Cheshire Orthopaedic Clinic	4	3	..	3	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1			52
Warrington Infirmary	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			27
TOTALS ..	26	27	2	16	2	3	2	4	2	2	4	1	1	4	1	1	1	2	2	1	1	1			

General Debility.

Dr. Thomas, in reporting upon the overstrained or fatigued child, comments on the frequency with which one meets with this type of defect.

Taking for granted that all physical defects have been remedied, such as removal of tonsils and adenoids when necessary, correction of defects in hearing and errors of refraction together with errors in diet and clothing, overstrain and fatigue seem to be the most common cause of the two types of children so commonly met with in the course of Routine Inspection.

(1) The bright, pale, thin type.
(2) The dull, lethargic type.

The former have dark shadows under their eyes, poor appetites, often have night terrors, and are sleep walkers. They are bright at their lessons, but inclined to be fretful, from sheer fatigue. Attention has been drawn to the stance and posture of the child. There is, in my opinion, a definite relationship between the posture and movements of a child and its mental state.

The latter are heavy eyed, pale, lacking in concentration and lagging behind the rest of the class.

The chief causes of overstrain are:—

(1) *Insufficient rest.*

A school child should have at least twelve hours sleep if it is to maintain a well balanced nervous system. The inculcation of good habits of sleep is most important, because the more unstable the nervous system the more necessity there is for rest.

(2) *Unsuitable environment.*

The irritable and erratic nervous system must be schooled to habits of obedience and discipline by uniformity and regularity. Much harm can be done by irregular feeding and by deficiency in nutritional essentials. One so often meets with spoilt children of over indulgent parents who allow their children far too much freedom.

(3) *Overwork.*

Employment before and after school.

Among the older children, the question of their employment before and after school hours arises. The law permits children over twelve years of age who are fit and adequately clothed, to be employed, for a limited number of hours. In a scattered county area this is difficult to supervise. On enquiry at schools it is often discovered that children under age are unofficially employed. These frequently belong to poorer families, and are often poorly clothed and improperly fed. Their employment must be harmful to their health, and yet one hesitates to take drastic steps as the money the child earns, small though it is, is often relied upon to swell the family income.

In conclusion, I would add that although we cannot improve the inheritance of the child, we can, by instructing and advising the parents, help to overcome some of the causes which give rise to the frequency with which one meets the overstrained child.

Blind, Deaf, Defective and Epileptic Children.

As is the case with most Authorities the lack of Institutional accommodation for mentally defective children is most acute.

The County Council have purchased the Cranage Hall Estate with the view to establishing a Mentally Defective Colony there. This work cannot be too quickly advanced on account of the urgent need for such accommodation.

The case of the child suffering from combined defects is another very acute problem as there is enormous difficulty in finding suitable accommodation for such cases.

School Closure.

The number of schools closed during the year on account of infectious disease is given in the following Table:—

Schools Closed by the School Medical Officer.

Measles	25
Whooping Cough	5
Influenza	3

The old tendency to close schools on account of infectious disease has been proved in many cases to be of no great advantage It is often an advantage during times of epidemics to have the children under the supervision of the teacher and the School Medical Officer when the first sign of sickening can be observed and prompt action taken. When schools are closed the children are bound to mix and play together in the streets, go to cinemas, etc., and be under no supervision of any kind, with the result that infection spreads much more rapidly and slight attacks pass undetected.

Employment of School Children.

During the year, 1,919 children were examined under the Employment of Children Bye-Laws.

Miscellaneous Work.

The School Medical Officers made many visits to schools and examined large numbers of children in connection with outbreaks of diphtheria, etc., and to ascertain the fitness of children to take part in open air swimming and camp life.

Cases dealt with by N.S.P.C.C.

The seven inspectors of the N.S.P.C.C. who cover the County dealt with a number of cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these officers in carrying out this difficult work.

Provision of Meals.

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals to necessitous school children in the Altrincham and Central Wirral Districts from January to the 31st March, 1932.

Total number of children who received free meals	278
Total number of meals provided free	20942

In many schools in the County Area, dinner schemes for non-necessitous school children are in operation whereby the children remaining in school during the mid-day interval are provided at a small charge with either hot drinks or with a cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals and pays for the cost of utensils required.

Supply of Milk to Necessitous School Children.

The working of this scheme was fully explained on page 20 of my report for 1931, when it was pointed out that the scheme which had only been in operation in certain areas had now been made general for the whole County, and was also extended to the non-necessitous children on payment by them for the milk supplied. Judging from the reports of the Assistant School Medical Officers there is no doubt that the scheme has proved most beneficial. One Medical Officer reporting states that in *every* Junior School the Head Teacher is convinced that the attendance is better, and that the children are better for it. This same fact is borne out by another Medical Officer who kept observation over a number of necessitous cases in one school over a period of one year, and found that there was an average increase of 7lbs. in weight and 4ins. in height, a great improvement in the general health, improved muscle tone, alertness, and better attendance at school.

In one school the Head Master kept observation on a series of children, and he also found that there was a definitely greater increase in weight in those taking milk over those who were not doing so.

There is no doubt that the introduction of this scheme has been much appreciated by the school children, there being very few instances where a school has taken advantage of it and where there have not been beneficial results.

Secondary Schools.

The results of Medical Inspection in the Secondary Schools are set out in Appendix II. at the end of this report.

On reference to this Table it will be seen that the great majority of defects is limited to teeth and eyes conditions.

Report by the Committee's Inspectors of Physical Training, 1932-33.

During the year 1932-33 particular attention has been paid by the Inspectors of Physical Training to the organisation of group work, especially in activity exercises and to the necessity of preparatory training for games purposes. The importance of a comprehensive and graded games scheme is now being realised by many teachers and there has been a marked improvement in the organisation of general activity exercises and games. In many schools the work is now being graded according to the age and capabilities of the children and while group work is a much improved feature in some classes, there are yet many schools in which improvement would be made if a more definite and progressive scheme of work were prepared and followed. It should be remembered that group activities and games practices should be a special feature of Infant and Junior class work so that pupils may receive that fundamental training which is so essential for the full development of physical training generally in Senior classes. The training of team and group leaders should receive more attention in the Senior classes.

A steady improvement has been made in the organisation of games, but there are classes in which the organised games period would be more successfully used if more attention were paid to the choice of games and to the necessity for preparatory practices and coaching. In those periods all pupils should take part in a definite game or games practice under proper control. Subject to the above, the growing tendency to arrange school sports meetings makes it very desirable to include some training and coaching for athletic events in the organised games periods.

Such training should be given at intervals throughout the year, and not in an intensive way for one or two weeks before a sports meeting.

The need for more suitable clothing especially as regards footwear may be emphasised. Possibly many more children would provide themselves with suitable shoes if they received more encouragement to do so. In Physical Training lessons coats should always be removed and a minimum of clothing worn.

During the season 1932, 2766 boys and 2299 girls attended swimming baths for a course of Swimming Instruction. There was a notable increase in the percentage of non-swimmers who learnt to swim and also in the number of certificates gained. These certificates numbered 424 First Grade and 1196 Second Grade. Life saving work was continued with much success and proved the great interest taken in this work by both teachers and scholars. The number of awards gained by scholars as a result of examinations conducted by the Royal Life Saving Society was 305.

The Whit-week Camp, 1932, was again arranged at Staithes, N.E. Yorks., when a party of 102 boys and 8 masters in charge of Mr. J. B. Hall, County Inspector of Physical Training, spent a most enjoyable and successful week.

During September a week's camping holiday was arranged for boys from the Nantwich and District Schools, and 39 boys and 7 masters spent a very successful week at Conway, N. Wales.

The general arrangements for both Camps were similar to those in previous years, the entire expense being borne by the scholars and teachers.

M. ALTHAM,
JOSEPH B. HALL,
County Inspectors of Physical Training.

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.

(A.) Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	6674
Second Age Group	5861
Third Age Group	7363
Total ...	19901

(B.) Other Inspections.

Number of Special Inspections	*9614
Number of Re-inspections	5000
Total ...	14614

* Includes Examinations by School Oculists and for Employment Certificates, Free Milk, &c.

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1932.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
(1)	Requiring Treatment (2)	Requiring to be kept under observation but *not* requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but *not* requiring Treatment (5)
Malnutrition	164	16	39	11
Skin—				
Ringworm—				
Scalp	7	—	89	—
Body	3	—	150	1
Scabies	20	—	59	—
Impetigo	113	—	1844	—
Other Diseases (Non Tuberculous)	78	5	965	3
Eye—				
Blepharitis	178	1	132	—
Conjunctivitis	31	1	54	—
Keratitis	2	—	10	—
Corneal Opacities	17	3	135	—
Defective Vision (excluding Squint)	1121	94	2354	—
Squint	149	11	522	—
Other Conditions	20	8	220	—
Ear—				
Defective Hearing	124	11	34	7
Otitis Media	96	11	43	2
Other Ear Diseases	6	7	5	—
Nose and Throat—				
Enlarged Tonsils only	201	332	65	95
Adenoids only	116	195	45	65
Enlarged Tonsils and Adenoids	552	396	186	103
Other Conditions	110	17	24	14
Enlarged Cervical Glands (Non-Tuberculous)	72	181	16	52
Defective Speech	21	33	15	5
Heart and Circulation—				
Heart Disease—				
Organic	112	56	50	32
Functional	47	191	13	70
Anaemia	206	10	65	4
Lungs—				
Bronchitis	189	43	31	16
Other Non-Tuberculous Diseases	59	24	14	24
Tuberculosis—				
Pulmonary—				
Definite	2	—	1	1
Suspected	17	7	4	3

TABLE II.—*continued.*

DEFECT OR DISEASE. (1)	Routine Inspections. No. of Defects. Requiring Treatment (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring Treatment (3)	Special Inspections. No. of Defects. Requiring Treatment (4)	Special Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring Treatment (5)
Non-Pulmonary—				
Glands	11	10	7	6
Spine	—	1	—	1
Hip	1	1	—	1
Other Bones and Joints ..	1	3	—	4
Skin	1	—	—	—
Other Forms	3	8	2	6
Abdominal	12	—	6	—
NERVOUS SYSTEM				
Epilepsy	7	13	—	4
Chorea	10	4	12	3
Other Conditions	37	24	20	22
DEFORMITIES—				
Rickets	10	6	—	2
Spinal Curvature	35	9	6	5
Other Forms	118	25	27	13
OTHER DEFECTS AND DISEASES .. (excluding Uncleanliness and Dental Diseases)	394	79	99	72

Table II.

(B.) Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children. Inspected.	Number of Children. Found to require Treatment.	Percentage of Children found to require Treatment.
Code Groups—			
Entrants .	6674	1213	18·1
Second Age Group ...	5864	1183	20·1
Third Age Group ...	7363	1427	19·3
Total (Code Groups) ...	19901	3823	19·2
Other Routine Inspections	–	–	–

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease ...		...	29	14	43
BLIND (including partially blind).	(1) Suitable for training in a School for the totally blind	At Certified Schools for the Blind	11	4	15
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	1	—	1
		At no School or Institution ...	3	2	5
	(2) Suitable for training in a School for the partially blind	At Certified Schools for the Blind or Partially Blind ...	2	2	4
		At Public Elementary Schools ...	11	13	24
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	2	4
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf	16	10	26
		At Public Elementary Schools ...	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution ...	1	3	4
	(2) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or Partially Deaf ...	2	4	
		At Public Elementary Schools ...	10	8	18
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	Feeble-minded	At Certified Schools for Mentally Defective Children ...	20	9	29
		At Public Elementary Schools ...	151	136	287
		At other Institutions ...	—	—	—
		At no School or Institution ...	21	16	37
EPILEPTICS.	Suffering from severe epilepsy -	At Certified Schools for Epileptics	2	—	2
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	—	2	2
		At other Institutions... ...	—	—	—
		At no School or Institution ...	3	4	7
	Suffering from epilepsy which is not severe ...	At Public Elementary Schools ...	16	14	30
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	10	7	17
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	6	9	15
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools...	41	35	76
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE III.—continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	7	8	15
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	73	61	134
		At other Institutions ...	—	—	—
		At no School or Institution ...	30	32	62
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	7	9	16
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	21	26	47
		At other Institutions ...	—	—	—
		At no School or Institution ...	23	21	44
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	16	18	34
		At Public Elementary Schools ...	43	37	80
		At other Institutions ...	—	—	—
		At no School or Institution ...	30	32	62
	Tuberculosis of other organs (skin, &c.) ...	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	4	2	6
		At Public Elementary Schools ...	7	8	15
		At other Institutions ...	—	—	—
		At no School or Institution ...	9	11	20
	Delicate Children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	16	23	39
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	342	437	779
		At other Institutions ...	—	—	—
		At no School or Institution ...	17	20	37
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	4	3	7
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	119 (9)	137 (7)	256 (16)
		At no School or Institution ...	32 (14)	35 (17)	67 (31)
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools ...	3	3	6
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	12	9	21
		At other Institutions ...	—	—	—
		At no School or Institution ...	8	7	15

Table IV.—Return of Defects Treated during the year ended 31st December, 1932.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. 1	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
SKIN—			
Ringworm—Scalp	82	4	86
Ringworm—Body	149	2	151
Scabies	59	10	69
Impetigo	1844	54	1898
Other Skin Disease ...	965	45	1010
MINOR EYE DEFECTS ... (External and other, but excluding cases falling in Group II.)	696	123	819
MINOR EAR DEFECTS ...	541	95	636
MISCELLANEOUS ... (*e.g.* Minor injuries, bruises, sores, chilblains, etc.)	2142	186	2328
Total ...	6478	519	6997

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect. 1	Number of Defects dealt with.			
	Under the Authority's Scheme. 2	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in body of the Report) ...	2354	126	205	2685
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	331	—	123	454
Total ...	2685	126	328	3139

Total number of Children for whom Spectacles were prescribed—

(*a*) Under the Authority's Scheme ...	2354
(*b*) Otherwise	331

Total number of Children who obtained or received Spectacles—

(*a*) Under the Authority's Scheme ...	1580
(*b*) Otherwise	213

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment. 4	Total Number Treated. 5
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from the Authority's Scheme. 2	Total. 3		
915	71	986	220	1206

Group IV.—Dental Defects.

(1) Number of Children who were

(a) Inspected by the Dentists :—

	Aged		Total.
Routine age Groups	5	2950	
	6	5451	
	7	5429	
	8	5959	
	9	5961	
	10	6273	
	11	3213	
	12	2469	
	13	1615	
	14	627	
			39947
Specials			191
		Grand Total	40138

(b) Found to require Treatment			32154
(c) Actually Treated			19108
(2) Half-days devoted to Inspection	763	Total	3154
" " Treatment	2391		
(3) Attendances made by Children for Treatment			21210
(4) Fillings— Permanent Teeth	10502	Total	13656
Temporary Teeth	3154		
(5) Extractions—Permanent Teeth	4063	Total	45314
Temporary Teeth	41251		
(6) Administration of general Anæsthetics for Extractions			—
(7) Other Operations—			
Permanent Teeth	564	Total	1741
Temporary Teeth	1044		

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by School Nurses	6
(2) Total number of Examinations of Children in the Schools by School Nurses	177976
(3) Number of individual Children found unclean	3227
(4) Number of Children cleansed under arrangements made by the Local Education Authority	—
(5) Number of Cases in which Legal Proceedings were taken—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-Laws	—

APPENDIX II.—STATISTICAL TABLES.

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Grand Totals.
Boys	3	12	50	90	170	263	129	287	43	117	104	60	23	—	1351
Girls	18	32	27	88	230	265	96	124	86	82	46	39	3	1	1137
Totals	21	44	77	178	400	528	225	411	129	199	150	99	26	1	2488

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children found to require treatment.		
	Boys.	Girls.	Total.
... ...	125	239	364

	Boys.	Girls.
Number of Children referred for observation *only*	100	42
Number of Parents Present	91	382
Number of Objections to Inspections	—	—

Secondary Schools.

Table II.—Return of Defects found in the Course of Medical Inspection.

DEFECT OR DISEASE.	Routine Inspections.	
	Referred for Treatment.	For Observation
DEFECTIVE TEETH	126	—
MALNUTRITION	4	3
UNCLEANLINESS—		
Head	34	—
SKIN—		
Ringworm—		
Body	—	—
Scabies	—	—
Impetigo	1	—
Other Diseases (non-Tubercular)	11	—
EYE—		
Blepharitis	16	—
Conjunctivitis	4	—
Corneal Opacities	1	—
Defective Vision	177	27
Squint	13	—
Other Conditions	3	4
EAR—		
Defective Hearing	12	3
Otitis Media	7	4
Other Ear Diseases	1	4
NOSE AND THROAT—		
Enlarged Tonsils only	15	9
Adenoids only	5	3
Enlarged Tonsils and Adenoids	17	31
Other Conditions	13	3
ENLARGED CERVICAL GLANDS (Non-Tuberculous) ...	1	13
DEFECTIVE SPEECH	6	—
HEART AND CIRCULATION—		
Heart Disease—		
Organic	34	4
Functional	14	22
Anæmia	20	2
LUNGS—		
Bronchitis	—	2
Other Non-Tubercular Diseases	1	4
TUBERCULOLIS—		
Pulmonary—		
Suspected	—	—
Non-Pulmonary—		
Hip	2	—
Other Bones and Joints	—	1
NERVOUS SYSTEM—		
Chorea	2	1
Other Conditions	5	2
DEFORMITIES—		
Spinal Curvature	35	3
Other Forms	20	5
CONGENITAL SYPHILIS	—	—
OTHER DEFECTS AND DISEASES	32	7
Flat Foot	89	—
Round Shoulders	2	—